

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NAR		11-21-11
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	920	12-03-11
RESPONSE FORMALITY REVIEW	T2	947	04/05/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓ 11/14/12
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	0
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Sc-571  
 04/05/02

19-411